

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3172-62-023196
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 002 Registrar's No.

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 6 1962

1. COUNTY **Jackson**
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in 1b **Life**
d. STREET ADDRESS (If outside, give location) **125 E. Dartmouth Road** Inside Limits **Yes** No ☐
e. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **125 E. Dartmouth Road** Inside Limits **Yes** No ☐
f. STREET ADDRESS (If outside, give location) **125 E. Dartmouth Road** Inside Limits **Yes** No ☐

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
ROBERTA RUTH LANGLEY June 13, 1962

5. SEX **Female** 6. COLOR OR RACE **Cauc.** 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ 8. DATE OF BIRTH **5/27/1909** 9. AGE (last birthday) **53**
IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Partner** 10b. KIND OF BUSINESS OR INDUSTRY **Optical Company** 11. BIRTHPLACE (City and state or country) **Kansas City, Mo.** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Robert Houston** 13b. MOTHER'S MAIDEN NAME **Nellie B. Carver** 14. NAME OF HUSBAND OR WIFE **Edward P. Langley**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **[REDACTED]** 17. INFORMANT **Edward P. Langley** Address **125 E. Dartmouth Kansas City, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Barbiturate Poisoning**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **[REDACTED]**
DUE TO (c) **[REDACTED]**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Bled for autopsies for Barbiturate** PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) **Apparently took overdose**

20c. TIME OF INJURY Hour Month, Day, Year **6:13 p.m. 6/13/62** **Sleeping pills, left alone**

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street office bldg., etc.) **Home** 20f. CITY, TOWN, OR LOCATION **Kansas City** COUNTY **Jackson** STATE **Mo.**

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at **6:55 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Hugh H. Owens** 22b. ADDRESS **1512 Union Station** 22c. DATE SIGNED **6/15/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **June 16, 1962** 23c. NAME OF CEMETERY OR CREMATOR **Memorial Park Cemetery** 23d. LOCATION (City, town, or county) **Kansas City** 23e. STATE **Missouri**

24. FUNERAL DIRECTOR **D.W. Newcomer's Sons** ADDRESS **1331 Brush Creek Blvd.** 25. DATE RECD. BY LOCAL REG. **6-16-62** 26. REGISTRAR'S SIGNATURE **Ruth H. Lang**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vern Lawler

Licensed Embalmer No. 4915

P. O. Address 156 7th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.